Michigan Department of Energy, Labor & Economic Growth Bureau of Commercial Services Office of the State Cemetery Commissioner P.O. Box 30018, Lansing, MI 48909 517-241-8070 517-241-9296 Fax www.michigan.gov/cemetery

REQUEST FOR ADDRESS CHANGE

AUTHORITY: P.A. 251 of 1968, as amended

Certification and Signature

Signature of Licensee

COMPLETION: Mandatory PENALTY: License ma License may not receive license renewal application/license will not be renewed.

THIS REQUEST IS FOR AN ADDRESS CHANGE DO NOT USE THIS REQUEST FOR A LICENSE RENEWAL OR IF YOUR LICENSE HAS ALREADY EXPIRED

Instructions:

- Complete and sign form as appropriate. Type or print in ink.
- Address changes do not generate a new license.
- Mail or fax completed request and any appropriate documents to address above.

I hereby certify the above information is true and accurate to the best of my knowledge.

License Type				
INDICATE WHICH LICENSE(S)	YOU HOLD F	OR WHICH AN	ADDRESS CHANGE IS NE	ECESSARY. PROVIDE YOUR LICENSE NUMBER
Over 10 Acre	21-01-			
☐ Crematory	21-01-			
10 Acre or less	21-02-			
Previous Address				
Name				
Address		City		Township
County		State	ZIP Code	Telephone Number
				()
Current Address				
Name				
Address		City		Township
County		State	ZIP Code	Telephone Number
				()

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Date